

SUPPORT ANNEX G

VOLUNTEERS AND DONATIONS MANAGMENT

I. INTRODUCTION

A. Purpose

To provide for the safe and effective direction, control, and coordination of volunteers and the efficient and legal handling of donated goods.

B. Scope

Volunteer services and donated goods in this annex refer to unsolicited goods an unaffiliated volunteer services.

C. Policy

1. The volunteer and donation management process must be organized and coordinated so that the citizens of Island County are able to take advantage of the appropriate types and amounts of donated good sand services in a manner that does not interfere with emergency operations.
2. The County must also ensure that volunteers are properly registered and account for, utilized in the safest manner possible, and that donated goods are received accounted for and equitably dispersed and otherwise go through a proper disposal process.
3. It is the Island County Department of Emergency Management (DEM) policy that donated goods be offered to established VOAD/COAD groups working in the incident area. The County will not take monetary donations. Many VOAD/COAD organizations are better organized to accept and use monetary donations.

II. CONCEPT OF OPERATIONS

A. General

Volunteer and donations management operations may include the following:

- A volunteer coordinator
- A physical donations coordinator.

1. The management of volunteers requires a cooperative effort by the local voluntary and community based organizations. They must have a point of contact within the EOC or incident structure. The volunteer coordinator must also have a working process to receive, assign, and account for individual or groups of volunteers.
2. The management of physical donations of perishable and non perishable goods represents a challenge to get the proper items into the hands of those who need or can best use them. These goods represent significant monetary amounts and misuse or waste of donated items will quickly become a distraction from the emergency operation if not a serious legal and political issue.

B. Organization

1. Initially, the volume of work for the volunteer and donations coordinators may be small but two coordinators should be appointed to maintain control as the incident matures.
2. The volunteer and donation coordinators should be located in the logistics section and given free access to coordinate with the other staff sections.
3. Standard processes will be developed to manage volunteers and donations. Volunteers will be formally registered or logged into and out the incident. They will be screened for physical ability to safely do the task that may be assigned. The minimum age for volunteers is 14.
4. A process will also be developed to receive, document the number, size, and condition of donated goods. A list of material that cannot be accepted will be prepared and circulated. Items that cannot be accepted are food items for which purity or condition cannot be verified or that cannot be properly stored to remain usable. Items that are wet, soiled, contaminated, or for which there is no immediate use will be rejected.

C. Coordination

1. Requirements for volunteer services or resources will be developed in the Operations or Planning sections and passed to the volunteer coordinator to fill.
2. The dispersal of donated goods will be governed by needs generated internally to the incident and can be satisfied

immediately. Requirements may also be generated by VOAD or COAD organizations supporting in the incident area.

3. Island County government will accept "nationally donated goods" after they have been processed through the State Emergency Management Division (EMD) Logistics Center.
4. If a donated good or product is deemed unnecessary during an incident, it will be redirected as soon as possible within the county or by the state.

III. RESPONSIBILITIES

A. Local

1. DEM (or EOC, Logistics Section)
 - a. Will identify a central collection point for donated goods prior to, or at the onset of a disaster.
 - b. Coordinates the activities of those agencies tasked in local plans with the provision of volunteers.
 - c. Provides the county PIO with current information regarding food resources and needs.
 - d. Notifies local food banks and shelters of the possible need to activate and coordinate donated food distribution or emergency feeding.
 - e. Coordinates with the State EMD in the development of local programs that will manage the logistics of donated goods.
2. Island County Chapter ARC
 - a. The ARC provides disaster victims with food, clothing, shelter, first aid, and supplementary medical/nursing care and meets other urgent immediate needs.
 - b. Assesses equipment and training needs.
 - c. Provides liaison to county EOC.

3. Island County Public Health

In conjunction with the department of Agriculture, inspects donated goods. Oversees the safe distribution of food, water and donated goods.

4. Public Information

Coordinate all public information and instructions and media relations as defined in Island County CEMP Basic Plan and ESF 15, External Affairs and Public Information.

B. State

1. State EMD

- a. Requests the assistance of state agencies and private organizations having emergency mass care capabilities when requested by local governments.
- b. Provides overall logistical support of nationally donated goods by managing the State EMD Logistics Center 72 hours following its activation.
- c. Alerts those state and local agencies that have the expertise needed with managing food (Agriculture), water (Department of Health), and donated goods (Government Surplus Administration).

2. Department of Health

Supplements local health agencies in the regulation and inspection of consumable foods at the point of preparation.

3. Other State Agencies

Responsibilities as identified in the Washington State Comprehensive Emergency Management Plan (CEMP).

VI. RESOURCE REQUIREMENTS

TO BE DETERMINED

VII REFERENCES

- A.** Washington State Comprehensive Emergency Management Plan (CEMP)
- B.** Island County CEMP, References

VIII. TERMS AND DEFINITIONS

See Island County CEMP Reference, Definitions and acronyms.

TABS

TAB A

**SUPPORT ANNEX G
VOLUNTEER AND DONATION MANAGMENT**

TAB A Temporary Emergency Worker (Volunteer) Registration

1. TITLE: FIELD REGISTRATION OF TEMPORARY EMERGENCY WORKERS

2. PURPOSE AND SCOPE:

- a. To provide a standardized method of registering individuals who volunteer to help during an incident but are not pre-registered emergency workers. Registration is a prerequisite for eligibility of emergency workers for benefits and legal protection under Chapter 38.52 RCW. This process meets the requirements outlined in WAC 118-04-080-(3) - Temporary Registration.
- b. This instruction does not cover the pre-registration of emergency workers

3. DEFINITIONS:

- a. "Pre-registered emergency worker" is an individual who has applied for membership in a volunteer organization that is sponsored by a local emergency management agency, completed the application process required by that agency and has been documented in that agency's records as an emergency worker in accordance with WAC 118-04-080.
- b. "Local emergency management agency" means the emergency management or emergency services organization of a political subdivision of the state established in accordance with RCW 38.52.070
- c. "Temporary emergency worker" is an individual who volunteers to assist during an incident but is not affiliated with a volunteer organization that is sponsored by a local emergency management agency.

4. REFERENCES:

- a. Chapter 118-04 WAC – Emergency Worker Program
- b. RCW 38.52 – Emergency Management

5. AUTHORITY:

- a. The following individuals or positions have been authorized by Island County Department of Emergency Management (DEM) to sign the "Authorization to Register Temporary Workers" (DEM Form-0028 and 2008b).
 - DEM Director
 - Any full-time permanent DEM employee
 - Incident Commanders or Branch Directors

Appointed representatives of participating cities designated in writing by the city or by the DEM Director or designee.

- b. The Island County DEM will authorize appointed or designated emergency team leaders to register temporary emergency workers. Emergency teams are established for a specific task or location, i.e. sandbagging, shelter support at a specific shelter, EOC support in the EOC. For this reason the County will only use DEM Form-0028 or EMD-078, for which the emergency worker registration terminates when the mission number is no longer effective or the work-site closes. The registration is not transferable to another work-site/physical location. Emergency teams will be documented under the ICS organization in effect at the time the team is required/formed.

6. RECORDS TO BE KEPT: (may not be all inclusive):

- a. Emergency Worker Daily Activity Report (EMD-078)
- b. Emergency Worker Field Briefing (Form DEM-004)
- c. Parental Permission Forms

7. SPECIFIC INSTRUCTIONS:

- a. While there are no specific ability or physical standards given for “general” emergency workers, the emergency worker registrar or the Emergency Team leader will determine if the person and the task or tasks to be performed are compatible. The work site supervisor/Emergency Team leader is responsible for the safety of the workers on that site and so he or she is the final authority for allowing or disallowing the emergency worker to work at the tasks on that site.
- b. While there is no established minimum age for temporary emergency workers, the City of Stanwood will not allow registration or use of emergency workers less than 14 years old even with parental approval.
- c. All temporary emergency workers will be 14 year old or older. Emergency workers less than 18 years old will have a signed parental permission form before they are allowed to participate.
- d. Registration Procedure, Time and Resources Permitting (WAC 118-04-080-03)
 - (1) The Emergency Worker Registrar, work supervisor, Emergency Team Leader fills out the header of an Emergency Worker Daily Activity Report (Form DEM-003 or EMD-078), always including the Mission Number or Training Event Number issued by the Washington State Emergency Management Division (EMD).
 - (2) The work supervisor fills out the "Field Briefing for Emergency Workers" (Form DEM-004).
 - (3) Emergency workers who are pre-registered with DEM and have their DEM-issued Emergency Worker ID card with them do not have to register, but must still sign-in and later sign-out

- (4) Each prospective temporary emergency worker fills out the light-colored spaces of the Emergency Worker Daily Activity Report (Form DEM-003 or EMD-078).
- (5) The temporary emergency worker should sign-in on the "Emergency Worker Daily Activity Report" (Form DEM-003 or EMD-078). Start time is the time at which the worker signs in.
- (6) Before a worker is sent on assignment, the worker's supervisor must brief the worker (either individually or in a group, as appropriate) about safety policies and procedures as well as assignment duties and responsibilities. The briefing may be verbal, but should include all of the information that is included on the completed "Field Briefing" form. The supervisor should verify that the worker understands the briefing, and then put a checkmark in the appropriate column on the Daily activity Report (DEM form 003 only).
- (7) The emergency worker is required to sign-out on the Activity Report when the worker's assignment is completed. THE SUPERVISOR IS RESPONSIBLE TO SEE THAT THIS IS DONE. If the worker is reporting to another assignment, the sign-out time is the time the present assignment is completed, plus the estimated travel time to the next assignment. Note beside their name who/where they are reporting to. If the worker's shift is finished, the sign-out time should be the end-of-shift time plus the estimated time to travel home without stopping en route. (The worker is insured by the State for travel time between assignments and the time to reach home at the end of the worker's shift.)

ENCLOSURES

1. Emergency Worker Daily Activity Report (EMD-078)
2. Emergency Worker Daily Report Instructions
3. Emergency Worker Field Briefing (Form DEM-004)
4. Parental Permission Form

STATE OF WASHINGTON EMERGENCY WORKER DAILY ACTIVITY REPORT										
County in which mission/incident took place:			ISLAND COUNTY			Mission/Incident Number:				
Mission/Incident Name:						Date From:		Date To:		
Unit Name:										
Unit Address:										
EMERGENCY WORKER NAME	CARD No.	ASSIGNMENT OR TEAM							TOTAL HOURS	ROUND TRIP MILES (DRIVER)
			IN	*OUT	IN	OUT	IN	OUT		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
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18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
* The time a person could reasonably have expected to reach home without stopping enroute.										
TOTAL PERSONNEL:						TOTAL HOURS:				
TOTAL MILEAGE:										
THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY. <i>By my signature below, I certify that these persons did participate in this mission/incident:</i>										
Print Name and Title			Signature							
EMD - 078 (02/00)										

STATE OF WASHINGTON EMERGENCY WORKER DAILY ACTIVITY REPORT

County in which mission/incident took place: Island County				Mission/Incident Number: 08-T-603			
Mission/Incident Name: Camano Island Fire & Rescue Flood Fight				Date From: 25 Nov 2008		Date To: 26 Nov 2008	
Unit Name: Stanwood-Camano Fire and Department							
Unit Address: 525 E North Camano Drive, Camano Island, WA 98282							

EMERGENCY WORKER NAME	CARD No.	ASSIGNMENT OR TEAM	25 NOV 2008		26 NOV 2008		TOTAL HOURS	ROUND TRIP MILES (DRIVER)
			IN	*OUT	IN	OUT		
1. John Smith		Sandbagger	0700	0930			2.5	10
2. Debbie Green		Sandbagger	0705	0940			2.5	
3. Justin Tyme		Sandbagger	0715	0945	Subsequent days if activity continues		2.5	15
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

* The time a person could reasonably have expected to reach home without stopping enroute.

TOTAL PERSONNEL: 3	TOTAL HOURS: 7.5	TOTAL MILEAGE: 25
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THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.

By my signature below, I certify that these persons did participate in this mission/incident:

John Dough, Sandbag Team Leader	Page of Pages	
Print Name and Title		Signature

ISLAND COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT
FIELD BRIEFING FOR EMERGENCY WORKERS

Mission Number and Name (issued by WA/EMD):	Date Prepared:	Time Prepared:
Incident Name and Location (DEM designation):		
Operational Period (Date/Time):		
Briefing Prepared By (Print Name and Title):		
<u>Safety Policies and Procedures:</u> <ul style="list-style-type: none">• NO PARTICIPATION WHILE THE WORKER IS UNDER THE INFLUENCE OF ALCOHOL.• NO PARTICIPATION WHILE THE WORKER IS UNDER THE INFLUENCE OF DRUGS (INCLUDING PRESCRIPTION DRUGS) THAT HAVE THE POTENTIAL TO RENDER THE WORKER IMPAIRED, UNFIT, OR UNABLE TO CARRY OUT HIS/HER EMERGENCY ASSIGNMENT.• THE WORKER MUST BE MENTALLY AND PHYSICALLY FIT FOR ASSIGNED DUTIES.		
<u>Assignment Duties and Responsibilities:</u>		

ISLAND COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT
FIELD BRIEFING FOR EMERGENCY WORKERS

PARENTAL CONSENT FORM

I, the undersigned, certify that I have legal custody of the minor child named above either because

Print Name of Minor:

Minor's Birthdate (MM/DD/YY):

Minor's SSN:

I am the parent of the child or because I am the legal guardian by court order.

I consent to allow my child to participate as a volunteer emergency worker for the City of Stanwood.

I represent that my child is at least 14 years old, and is physically and mentally able to participate as an emergency worker.

I understand that if my child is between 14-16 years of age, I may be required to accompany him or her on assignments.

I understand that because my child is a volunteer, no employment relationship exists between my child and Island County

I agree to hold the City of Stanwood harmless for any injury sustained by my child during the time he/she is participating as a volunteer emergency worker with County.

I agree to indemnify and hold harmless and blameless Island County, its officers, employees, and agents from any and all liability from damages, loss, or injuries to person and property that my child may sustain while engaged in any activity conducted in connection with Island County, including but not limited to transportation.

I agree that in case of injury or illness or other circumstances requiring parental permission for medical care, the Island County staff shall have the authority to obtain medically necessary care and to review medical records of my child, in case I cannot be reached after reasonable efforts have been made.

I understand that in case of injury, serious illness, or in extreme cases of disciplinary action, the Island County staff will, if need be, send my child home by the first available transportation at my expense.

Print Name of
Parent/Legal Guardian:

Complete Address of
Parent/Legal Guardian:

Street Address:

City, State, ZIP:

Phone/Pager Numbers
of Parent/Legal
Guardian,
including Area Code:

Home:

Work:

Cell:

Pager:

Signature of
Parent/Legal Guardian:

Date Signed: